

Application Data Sheet**APPLICATION INFORMATION**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: UTILIZATION OF VINPOCETINE TO AVOID
COMPLICATIONS IN PARTICULAR THOSE
ASSOCIATED TO HEARING WHICH OCCUR WITH
EPILEPSY, AND TREATMENT THEREOF

Attorney Docket Number:: 251989

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 7

Small Entity?:: No

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Mexico
Status::	Full Capacity
Given Name::	Maria
Middle Name::	
Family Name::	SITGES BERRONDO
Name Suffix::	
City of Residence::	Delegacion Coyoacan
State or Prov. of Residence::	
Country of Residence::	Mexico
Street of mailing address::	Las Flores No. 72, A-002 Colonia Santa Ursula
City of mailing address::	Delegacion Coyoacan
State or Province of mailing address::	
Country of mailing address::	Mexico
Postal or Zip Code of mailing address::	C.P. 04650
Inventor Authority Type::	Inventor
Primary Citizenship Country::	Mexico
Status::	Full Capacity
Given Name::	Vladimir
Middle Name::	
Family Name::	NEKRASSOV PROTASOVA
Name Suffix::	
City of Residence::	Delegacion Coyoacan
State or Prov. of Residence::	
Country of Residence::	Mexico
Street of mailing address::	Las Flores No. 72, A-002 Colonia Santa Ursula
City of mailing address::	Delegacion Coyoacan
State or Province of mailing address::	

Country of mailing address:: Mexico
Postal or Zip Code of mailing address:: C.P. 04650

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/MX2003/000089	10/28/03

ASSIGNEE INFORMATION

Assignee name:: UNIVERSIDAD NACIONAL AUTONOMA DE MEXICO
Street of mailing address:: Edificio "B", 3 er Piso
Zona Cultural, Ciudad Universitaria
City of mailing address:: Delegacion Coyoacan

State or Province of
mailing address::

Country of mailing
address::

Mexico

Postal or Zip Code of
mailing address::

C.P. 04510